



1709

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/528,085
		Filing Date	9/26/2005
		First Named Inventor	Crudace
		Group Art Unit	1709
		Examiner Name	Doe, Shanta G.
Total Number of Pages in This Submission		Attorney Docket Number	D-3196

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <small>(in duplicate)</small>	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC <small>(Appeal Notice, Brief, Reply Brief)</small>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) <small>(please identify below)</small>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Linda Allyson Fox		
Date	Dec 26, 2007	Reg. No.	38,883

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
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Typed or printed name	JANET MCGHEE	Date 12/26/07

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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☒ Application claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 230.

Complete if Known

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Art Unit	1709
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METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number 21-0890 Deposit Account Name Frank J. Uxa

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) associated with this communication ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Subtotal (1)						0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple Dependent Claims	360	180
Total Claims	Extra Claims	Fee (\$)
-20 or HP = _____ x _____		
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
-3 or HP = _____ x _____		
HP = highest number of independent claims paid for, if greater than 3		
Subtotal (2)		0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = _____ /50= _____ (round up to a whole number)		x _____ = _____		
Subtotal (3)			0	

4. OTHER FEE(S)

<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)	
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)	
<input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)	
<input checked="" type="checkbox"/> 2-month extension of time: \$460 fee (\$230 small entity discount)	230
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)	
<input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount)	
<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)	
<input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)	
<input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount)	
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)	
<input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount)	
<input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount)	
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)	
<input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount)	
<input type="checkbox"/> Other: _____	
Subtotal (4)	230

SUBMITTED BY

Name (Print/Type)	Linda Allyson Fox	Registration No. (Attorney/Agent)	38,883	Telephone	949-450-1750
Signature				Date	Dec 26, 2007